



PCR # _____
Date _____

REZONING APPLICATION
City of Williamsburg
401 Lafayette Street
Williamsburg, VA 23185-3617
(757) 220-6130 FAX: (757) 220-6109

Applicant _____
Address _____
City, State, Zip _____
Phone/Fax Number _____

Owner _____
Address _____
City, State, Zip _____
Phone/Fax Number _____

Representative _____
City, State, Zip _____

Address _____
Phone/Fax Number _____

Location of Request _____

Tax Map Number _____

Lot Area _____

Existing Zoning _____

Proposed Zoning _____

I/We, as (Owner) (Contract Purchaser with Owner's Written Consent) (Owner's Agent) of the property mentioned above, hereby petition the Williamsburg City Council to approve the above described rezoning proposal.

Signature of Applicant

Date

Printed Name of Applicant

Sworn before me this ____ day of _____

Notary

Commission Expiration

Statement by Applicant

Planning Commission Public Hearing _____
Date

Planning Commission Action

Action Date

City Council Public Hearing _____
Date

City Council Action

Action Date